U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



Name Samuel

1. File Number U- 2920

3. Name and address of person filing.

D Dominy

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

Name INTL ASSN OF MACHINISTS & AEROSPACE WORKERS

4. Name, file number, and address of labor organization.

Labor Organization File Number 000-107

P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any	
Street 6170 Dudley	Street	Street 9000 Machini	sts Place
City Arvada		City Upper Marlbo	
State Colorado	ZIP Code + 4 80004	State Maryland	ZIP Code + 4 20772-2687
i. Position in labor organization. Grand Lodge Auditor			
	below If, during the past fiscal year, you or your spor (except as specified in the exclu	sions set forth in the instructio	rts):
	ngaged in transactions (including loans) with, or employer whose employees your organization		
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.	
Name			
Trade Name, If any:		1	
P.O. Box, Bidg., Room No., if any.		7.b. Amount.	
Street			
City			\$0
State	ZIP Code + 4	•	
	Sign	ature	
submitted in this report (	ication. The undersigned declares, under penalty of including the information contained in any accompany and belief true, contect, and complete. (See the second	ing documents), has been exaction on penalties in the instruc	mined by the signatory and is, to the best of the
Signed	- wy	On 07/05/2005 Date	Telephone Number

Name of Person Filing Samuel Dominy	File Number U- 292 D			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name K & R Industries	X a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 14110 Sullyfield Circle	o. <b>=</b>			
Cay Chantilly				
State Virginia ZIP Code + 4 20151				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Sale supplies to the International Assoiciation of Machinists & Aerospace Workers.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City	Approximate doltar value of such dealing.  12.a. Nature of interest held or income received.			
State ZIP Code + 4	Purchase of Dinner at Pompillos Restraunt, Cincinnitti, OH on 9/23/04			
	12.b. Amount. \$81			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street				
City				
State ZIP Code + 4	: 			
	14.b. Amount of payment.			

or Consultant

?

13.b. is the Business an Employer

\$0